

Texans Together Survey-San Jacinto Waste Pits Outreach

Canvasser:_____ Area:_____ Date:_____

Name:_____

Address:_____ City:_____ Zip:_____

Phone:_____ Email:_____

<p>1. Have you heard of the San Jacinto Waste pits? YES NO NOT SURE</p> <p><i>If no or unsure, Canvasser give brief background</i></p> <p><i>If yes, ask for impressions record in field 3.</i></p>	<p>2a. How long have you lived here?</p> <p>_____ years</p> <p>2b. Are you concerned about how this might impact property value ?</p> <p>YES NO NOT SURE</p>	<p>3. Do you remember anything about the site? Ex. <i>Ever contacted by anyone, meetings, saw dumping etc?</i></p>
<p>4 Have you or family member ever gone fishing or crabbing in the river?</p> <p>YES NO</p> <p><i>Explain fish advisory</i></p>	<p>5a. Have you consumed fish or crabs caught in the river? YES NO NOT SURE</p> <p>5b. What type of fish? Catfish Redfish Blue Crab Flounder Trout Other_____</p> <p>5c. How often do you consume fish? Daily Weekly Monthly Yearly Other_____</p> <p>5d. On average how many fish or crabs does each person consume in one setting ? 1 2 3 4 or more</p>	
<p>6a. What kind of recreational activities do you and your family do in the river? Boating Swimming Fishing Jet Skis Other_____</p> <p>6b. How often: Daily Weekly Monthly Yearly Other_____</p>		<p>7. Have you or a family member ever noticed any type of rash after swimming in the river? YES NO NOT SURE</p> <p><i>Describe rash that commonly occurs with exposure, ask if they'd like info</i></p>
<p>8a . On a scale of 1-4, 1 being not concerned at all and 4 being extremely concerned, please rate how concerned you are about the threat to you and your family's health from the Waste Pits?</p> <p>1 = Not Concerned At All 2= Mildly Concerned</p> <p>3= Fairly Concerned 4= Extremely Concerned</p>	<p>8b. For people who answer 2-4, May we send you more detailed information about the health risks or put you in contact with public officials? YES NO MAYBE</p> <p>8c. Has anyone in your family experienced any of the following unexplained illnesses or health problems? Skin Rash Autoimmune Disorders Reproductive Problems Cancer Diabetes</p> <p>Other_____</p>	
<p>9a. Would you like to attend a meeting about this issue? YES NO MAYBE</p> <p>9b. When is the best day and time for you to meet? Sun. Sat. Mon. Tues. Wed. Thurs. Fri. Morning Afternoon Evening</p> <p>_____</p> <p>AGE: 20s 30s 40s 50s 60s 70s 80s GENDER: M F ETH: AfAm Cauc Hisp Asian Other</p> <p>Children____yes____no How many?</p> <p>Notes:</p>		